*** FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S65321** **(9)**

1. Corporation Name

LANDMARK PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~1000 PONCE DE LEON~~ ~~#204~~ CORAL GABLES FL ~~33134~~ US	~~1000 PONCE DE LEON~~ ~~#204~~ CORAL GABLES ~~FL 33134~~ US

3. Date Incorporated or Qualified: 07/08/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 360 Greco Ave.
Suite, Apt. #, etc.
22 Ste. 208
City & State
23 Coral Gables, FL
Zip 24 33146 Country 25 Dade

2a. Mailing Address
26 360 Greco Ave.
Suite, Apt. #, etc.
27 Ste. 208
City & State
28 Coral Gables, FL
Zip 29 33146 Country 30 Dade

4. FEI Number: 65-0275320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NAVARRO, RAYMOND
~~1000 PONCE DE LEON~~
~~#204~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 360 Greco Ave, Ste. 208
83
84 City Coral Gables FL 85 Zip Code 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ✓ 3.13.96
Signature, Typed or Printed Name of Registered Agent and Title if applicable — DATE: Registered Agent signature required when changed/added — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	SDV	☒ Change ☐ Addition
NAME	NAVARRO, PILAR		1.2 NAME		
STREET ADDRESS	~~1000 PONCE DE LEON BLVD #204~~		1.3 STREET ADDRESS	360 Greco Ave. Ste. 208	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	P	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	NAVARRO, RAYMOND		2.2 NAME		
STREET ADDRESS	~~1000 PONCE DE LEON BLVD #204~~		2.3 STREET ADDRESS	360 Greco Ave. Ste. 208	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ 3.13.96 (305) 445.1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Raymond Navarro President